Guidelines for OVHA Coverage

ITEM: CONTINUOUS PASSIVE MOTION DEVICE (CPM)

DEFINITION: A device that passively moves an injured joint through a prescribed arc of motion. It is typically used post operatively with the intent of increasing range of motion and decreasing pain, edema, and development of scar tissue/adhesions.

GUIDELINES:

A literature search reveals equivocal findings regarding the efficacy of passive motion devices. There is evidence to support the initial use of CPM devices in reducing the length of hospital stays, for early movement of the joint and to decrease in pain and the need for pain medication. Long term benefits of CPM use in terms of the end result for range of motion are far less clear. The devices are used frequently for individuals with arthroplasties and other surgeries involving intra-articular fractures and tears.

Use of a CPM device is of benefit for those individuals who:

- Are immediately post operative, or within the first three weeks of post operative rehabilitation for intra-articular surgery AND
- Who have documented tendency for significant scar formation or have had surgery on a joint well known to have problems with scar formation and adhesions postoperatively (for example, the knee and the shoulder) AND
- Who have significant, documented issues with pain management AND/OR
- Who have precautions prohibiting active motion of the joint postoperatively.

APPLICABLE CODES:

E0935 Continuous passive motion exercise device 3 month rental limit

CAUTIONS: Individuals who do not have precautions against active movement sometimes use the CPM device inappropriately, as a way of avoiding active motion due to fear of pain. Care should be taken that the individual understands the rationale for the use of passive and active motions.

EXAMPLES OF DIAGNOSES: Rheumatoid arthritis, osteoarthritis, traumatic intraarticular damage to joint structures.

REQUIRED DOCUMENTATION: Current, completed Certificate of Medical Necessity which includes applicable diagnosis and date of surgery/injury; documentation of movement precautions; documentation of past history of excessive scar formation/adhesions and/or pain management issues.

REFERENCES:

Lastayo PC et al, Continuous passive motion after repair of the rotator cuff. A prospective outcome study. J Bone Joint Surg AM 1998 Jul;80(7):1002-11.

Ring D et al. Continuous passive motion following metacarpophalangeal joint arthroplasty. J Hand Surg 1998 May;23(3):505-11.

Yashar AA et al. Continuous passive motion with accelerated flexion after total knee arthroplasty. Clin Orthop 1997 Dec;(345):38-43.

Berg EE.Open reduction internal fixation of displaced transverse patella fractures with figure-eight wiring through parallel cannulated compression screws. J Orthop Trauma 1997 Nov;11(8):573-6.

Pope RO et al. Continuous passive motion after primary total knee arthroplasty. Does it offer any benefits? J Bone Joint Surg BR 1997 Nov;79(6):914-7.

Chiarello CM et al. The effect of continuous passive motion duration and increment on range of motion in total knee arthroplasty patients. J Orthop Sports Phys Ther 1997 Feb;25(2):119-27.

Biyani A etal. The results of surgical management of displaced tibial plateau fractures in the elderly. Injury 1995 Jun;26(5)291-7.

Ostermann PA et al. Long term results of unicondylar fractures of the femur. J Orthop Trauma 1994;8(2):142-6.

McCarthy MR et al. The effects of immediate continuous passive motion on pain during the inflammatory phase of soft tissue healing following anterior cruciate ligament reconstruction. J Orthop Sports Phys Ther 1993 Feb;17(2);96-101.

Johnson DP et al. Beneficial effects of continous passive motion after total condylar knee arthroplasty. Ann R CollSurg Engl 1992 Nov;74(6)412-6.

McInnes J et al. A controlled evaluation of continuous passive motion in patients undergoing total knee arthroplasty. JAMA 1992 Sep 16;268(11):1423-8.

Westrich GH et al. Patella height after high tibial osteotomy with internal fixation and early motion. Clin Orthop 1998 Sep;(354):169-74.

Cigna Medicare DMERC Dialogue, Continuous passive motion devices. www.cignamedicare.com.

Humana. Continuous passive motion. 1999. www.humana.com.

Arthroscopic ACL (surgery) reconstruction.www.arthroscopy.com.

Pennig D, et al. Transarticular fixation with the capacatiy for motion in fracture dislocations of the elbow. Injury 2000; 31 Suppl 1:35-44.

Alfredson H, Treatment of tear of the anterior cruciate ligament combined with localized deep cartilage defects in the knee with ligament reconstruction and autologous periosteum transplantation. Knee Surg Sports Traumatol Arthrosc 1999;7(2):69-74.

Medical Director's signature:	
OVHA Director's signature:_	
Date:	
Revision 1:	
Revision 2:	
Revision 3:	